Fill in this inf	ormation to identify your case:				directed in this form a	nd in Form			
Debtor 1	Nelson Mbony		_ 12:	2A-1Supp:					
Debtor 2	Immaculate Mbony				esumption of abuse				
(Spouse, if filing)		-	☐ 2. The calculation to determine if a presumption of abuse						
United State	s Bankruptcy Court for the: District of Massac	-	applies will be	made under <i>Chapter</i> Official Form 122A-2).					
Case numbe	st does not apply now ary service but it could								
				☐ Check if this is	an amended filing				
<u>Official</u>	<u>Form 122A - 1</u>								
Chapte	r 7 Statement of Your Cur	rent Month	ily Inc	ome		12/19			
a separate she number (if kno military servic	e and accurate as possible. If two married people a set to this form. Include the line number to which the swn). If you believe that you are exempted from a p e, complete and file Statement of Exemption from the Calculate Your Current Monthly Income	e additional informati resumption of abuse l	ion applies. because yo	On the top of any ad u do not have primar	ditional pages, write you lly consumer debts or b	ur name and case ecause of qualifying			
	,								
	s your marital and filing status? Check one or married. Fill out Column A, lines 2-11.	ily.							
	ried and your spouse is filing with you. Fill o	ıt both Columns A a	nd B. lines	2-11.					
	ried and your spouse is NOT filing with you.								
	iving in the same household and are not lega	illy separated. Fill o	out both Co	lumns A and B, line	s 2-11.				
	iving separately or are legally separated. Fill								
	enalty of perjury that you and your spouse are le part for reasons that do not include evading the					r spouse are living			
For example add the income	verage monthly income that you received from all se, if you are filing on September 15, the 6-month periodome for all 6 months and divide the total by 6. Fill in the erty, put the income from that property in one column o	would be March 1 thro result. Do not include	ough August any income	31. If the amount of yo amount more than one	ur monthly income varied e. For example, if both sp	during the 6 months,			
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	.			
	ross wages, salary, tips, bonuses, overtime, deductions).	(before all	\$ 3,666.00	\$ 7,044.33	<u> </u>				
	y and maintenance payments. Do not include B is filled in.	payments from a sp	ouse if	\$ 0.00	\$ 0.00	1			
	ounts from any source which are regularly pa	aid for household e	xnenses	Φ	_	_			
of you from an and roo	or your dependents, including child support unmarried partner, members of your household mmates. Include regular contributions from a sp Do not include payments you listed on line 3.	Include regular con , your dependents,	ntributions parents,	\$0.00	_ \$0.00	<u>)</u>			
5. Net inc	ome from operating a business, profession,								
0	and the the form all the death and	Debtor 1	1						
	eceipts (before all deductions)	\$ 0.00							
	y and necessary operating expenses	-\$ <u>0.00</u>		¢ 0.00	Φ 0.00	1			
	nthly income from a business, profession, or far	m \$0.00_ Co	py nere ->	\$0.00	\$\$	<u>-</u>			
o. Net inc	ome from rental and other real property	Debtor '	4						
Grose r	eceipts (before all deductions)	\$ 0.00	•						
	y and necessary operating expenses	-\$ 0.00							
	nthly income from rental or other real property	\$ 0.00 Co	nv here ->	\$ 0.00	\$ 0.00)			
		Ψ <u>0.00</u> 50	, 11016 ->			_			
i. interes	t, dividends, and royalties			\$ 0.00	\$0.00	<u>/ </u>			

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Debto Debto				Case number	(if known)	4:23-bk-40)795		
				Column A Debtor 1		Column B Debtor 2 or non-filing s			
8. Unemployment compensation				\$	0.00	\$ 7	750.00		
Do not enter the amount if you contend that the amount received was a ber the Social Security Act. Instead, list it here:			t under						
	For you	\$0.0	00_						
	For your spouse								
9.	9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, not include any compensation, pension, pay, annuity, or allowance paid by the Uni States Government in connection with a disability, combat-related injury or disabili or death of a member of the uniformed services. If you received any retired pay pa under chapter 61 of title 10, then include that pay only to the extent that it does no exceed the amount of retired pay to which you would otherwise be entitled if retire under any provision of title 10 other than chapter 61 of that title.			\$	0.00	\$	0.00		
10.	Income from all other sources not listed above. Spin Do not include any benefits received under the Social Span as a victim of a war crime, a crime against humanity, of terrorism; or compensation pension, pay, annuity, or a States Government in connection with a disability, confordeath of a member of the uniformed services. If necessparate page and put the total below	Security Act; payments re or international or domes allowance paid by the U nbat-related injury or dis	eceived stic nited ability,						
	·			\$	0.00	\$	0.00		
				\$	0.00	\$	0.00		
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00		
11.	Calculate your total current monthly income. Add I each column. Then add the total for Column A to the total for Column B. Determine Whether the Means Test Applies	otal for Column B.	\$	3,666.00	 + \$	7,794.33	\$ 11,460.33 Total current monthly income		
12.	Calculate your current monthly income for the year	r. Follow these steps:							
	12a. Copy your total current monthly income from line	•		Copy line 11 here=>			\$11,460.33		
	Multiply by 12 (the number of months in a year)						x 12		
12b. The result is your annual income for this part of the form						12b	\$ <u>137,523.96</u>		
13.	Calculate the median family income that applies to	you. Follow these step	s:						
	Fill in the state in which you live.	MA							
	Fill in the number of people in your household.	4							
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go this form. This list may also be available at the bankru	online using the link sp				13. ions for	\$ 162,422.00		
14.	How do the lines compare?								
	 14a. \(\subseteq \) Line 12b is less than or equal to line 13. 0 Go to Part 3. Do NOT fill out or file Official 14b. \(\subseteq \) Line 12b is more than line 13. On the top Go to Part 3 and fill out Form 122A-2. 	I Form 122A-2.			•	,			
Part									
By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.									
					naculate Mbony				
				ulate Mbony re of Debtor 2					

Nelson Mbony

Debtor 1

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Nelson Mbony Debtor 1

Case number (*if known*) 4:23-bk-40795 Immaculate Mbony

Date October 25, 2023

Date October 25, 2023 MM / DD / YYYY MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.